



May 28, 2014

Senator Jim Marleau
1010 Farnum Building
P.O. Box 30036
Lansing, MI 48909-7536

To The Honorable Chair Marleau:

The Michigan Section of the American Congress of Obstetricians and Gynecologists recommends support for Expedited Partner Therapy (EPT) to prevent the spread of sexually transmitted infections and respectfully requests your committee to vote in support of HB 4736.

EPT is the practice of treating the sex partners of patients with sexually transmitted infections via patient-delivered partner therapy without the partner receiving a medical evaluation or professional prevention counseling. Michigan is one of only six states that does not have legal support for the provision of EPT.

Sexually transmitted infections disproportionately affect women and pose a significant yet preventable threat to their overall health. Gonorrhea and chlamydia are the most commonly reported sexually transmitted infections in the US and rates of infection are highest among women ages 15-24. Although partner notification is a well-established practice, compliance with follow-up and treatment is poor in some cases, which leads to reinfection of partners and spread of disease.

The Centers for Disease Control and Prevention (CDC), the American Congress of Obstetricians and Gynecologists (ACOG), the American Medical Association and the American Bar Association, among others, support the use of this evidence-based strategy to prevent sexually transmitted disease infection and reinfection.

Here in Michigan, data from the CDC indicates the incidence of sexually transmitted infections has steadily increased and chlamydia infections were the most prevalent, with 13,413 cases reported in 2007 and 49,568 cases reported in 2011.

Chlamydia infections are most commonly asymptomatic and can result in pelvic inflammatory disease, which is a major cause of infertility, ectopic pregnancy, and chronic pelvic pain. Chlamydia infection during pregnancy can lead to preterm delivery and transmission of the infection to newborns.

The American Congress of Obstetricians and Gynecologists recommends adherence to the CDC guidelines for EPT.

- All randomized controlled trials have shown a reduction in reinfection rates with chlamydia and gonorrhea when EPT is followed.
- EPT is cost effective by reducing the health risk associated with untreated and recurrent infections.

Adopting EPT legislation will permit health care providers to treat the partners of patients with chlamydia or gonorrhea if they are unlikely to seek treatment, which will reduce the burden on the public health departments to diagnose and treat subsequent infections and reinfections.

- The reinfection rate for chlamydia among women 15-19 is as high as 26%, often due to an untreated male partner.

Significant morbidity from sexually transmitted infections in the United States, coupled with diminished resources for traditional partner management practices, requires new public health strategies. By combining patient-based partner notification with clinical treatment through standard prescription antibiotics, EPT offers a valuable opportunity to improve treatment for some sexually transmitted infections. The only barrier to overcome is the legal obstacle in our State.

The Michigan House of Representatives has already endorsed this legislation. We respectfully request that the Michigan Senate, under your guidance, Senator Marleau, also support this valuable public health initiative that will reduce the burden of sexually transmitted infections in our State.

Sincerely,

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On behalf of the Executive Council

Michigan Section, American Congress of Obstetricians and Gynecologists

Centers for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance 2011*. Atlanta: U.S. Department of Health and Human Services; 2012.

Centers for Disease Control and Prevention. *Expedited Partner Treatment in Management of Sexually Transmitted Diseases*. Atlanta: U.S. Department of Health and Human Services, 2006

ACOG Committee Opinion #506. 2011

ABA House of Delegates, 2008